

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	7/15-01		10-17-01
O.I.P.E. CLASSIFIER	MM	70	10-20-01
FORMALITY REVIEW	AG	640	11-14-01
RESPONSE FORMALITY REVIEW	H-S	866	03-20-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	✓	
2	1	✓	
3	1	✓	
4	1	✓	
5	1	✓	
6	1	✓	
7	1	✓	
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Claim	Final	Original	Date
1	1	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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11/03/2002